

MISSOURI DEPARTMENT OF PUBLIC HEALTH AND WELFARE										STANDARD CERTIFICATE OF DEATH										62-001466									
AMENDED										Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 650										STATE FILE NUMBER									
FILED FEB 15 1962																													
1. PLACE OF DEATH										2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)																			
a. COUNTY Jackson										a. STATE Missouri COUNTY Jackson																			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City										c. CITY OR TOWN Kansas City										Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital										d. STREET ADDRESS 4020 East 58th Street										Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
3. NAME OF DECEASED (Type or print)										4. DATE OF DEATH																			
First Middle Last										Month Day Year																			
JOHN HENRY ALTIS										February 4th, 1962																			
5. SEX male										6. COLOR OR RACE white										7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>									
8. DATE OF BIRTH 2/11/88										9. AGE (last birthday) 73 Years										IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired K.C. Public Service-Operator										10b. KIND OF BUSINESS OR INDUSTRY Cabool, Missouri										12. CITIZEN OF WHAT COUNTRY U. S. A.									
13a. FATHER'S NAME Issac Altis										13b. MOTHER'S MAIDEN NAME Elizabeth Atkins										14. NAME OF HUSBAND OR WIFE Bertha A. Altis									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No										16. SOCIAL SECURITY NO.										17. INFORMANT Address Bertha A. Altis, 4020 E. 58th St. Kansas City, Mo.									
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure										INTERVAL BETWEEN ONSET AND DEATH																			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b)																			
										DUE TO (c)																			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>										20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>										20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year																													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>										20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)										20f. CITY, TOWN, OR LOCATION COUNTY STATE									
21. I attended the deceased from 12-12-61 to 2-4-62 and last saw her alive on 2-4-62																													
Death occurred at 4:15 A M on the date stated above, and to the best of my knowledge, from the causes stated.																													
22a. SIGNATURE (Degree or title)										22b. ADDRESS 2400 CHERRY STREET KANSAS CITY, MISSOURI										22c. DATE SIGNED 2/4/62									
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal										23b. DATE 2/5/62										23c. NAME OF CEMETERY OR CREMATORY Altis Cemetery									
23d. LOCATION (City, town, or county) (State)										23e. DATE RECD. BY LOCAL REG. 2-5-62										23f. REGISTER'S SIGNATURE Ruth Long									
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, K.C. MO. 1331 Brush Creek Blvd.										25. DATE RECD. BY LOCAL REG. 2-5-62										26. REGISTER'S SIGNATURE Ruth Long									
(Licensed Embalmer's Statement on Reverse Side)																													

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herold E. Catterall

Licensed Embalmer No. 3135

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.